WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND ADULT SERVICES ADMINISTRATION

RESPITE CARE PROGRAM STANDARDS

Revised August 1, 1997

PROGRAM DEFINITION

The purpose of respite care is to provide relief for families or other caregivers of disabled adults. Both in-home and out-of-home respite care is available and is provided on an hourly and daily basis, including 24-hour care for several consecutive days. Respite care workers provide supervision, companionship and personal care services usually provided by the primary caregiver of the disabled adult. Services appropriate to the needs of individuals with dementing illnesses are also provided. Medically related services, such as administration of medication or injections, are provided by a licensed health practitioner.

DEFINITION OF TERMS

1. "Adult" – A person age 18 or older. For respite care services provided with Older Americans Act and Senior Citizens Services Act funds, an adult is a person who meets the eligibility requirements under these acts.

2. "Caregiver" – a spouse, relative, or friend who provides care and/or supervision of a functionally disabled adult on a daily basis, does not receive financial compensation for the care, and is assessed as being at risk of placing the eligible participant in a long-term care facility if respite care is not available.

3. "Case Manager" – One who assesses the needs of the eligible participant and caregiver, develops a service plan, authorizes service and maintains contact for reassessment and referral for other services. The case manager must meet the professional qualifications stated in the Information and Assistance/Case Management (I&A/CM) program standards.

4. "Continuous Care or Supervision" – Assistance and/or oversight of a participant on a daily basis.

5. "Dementing Illness" – Characterized by the loss or impairment of intellectual abilities of sufficient severity to interfere with social or occupational functioning.

6. "Department" – The Department of Social and Health Services.

7. "Eligible Participant" – An adult (a) who needs continuous care or supervision by reason of his or her functional disability, and (b) who is assessed as requiring institutionalization in the absence of a caregiver assisted by home and community support services, including respite care.

8. "Episode" – In-home or out-of-home respite care provided over a continuous period of time (i.e., a four-hour in-home visit, three days of continuous in-home or out-of-home care).

9. "Functionally Disabled" – Requiring assistance in completing activities of daily living and community living skills. Also includes individuals with dementing illnesses, or neurological disorders, including Traumatic Brain Injury (TBI).

10. "Institutionalization" – Placement in a long-term facility.

11. "Means-tested" – Assessed for share of the cost of respite care services.

12. "Program" – The entire respite care operation (planning/administration, assessment, direct service) within an individual Planning and Service Area (PSA).

13. "Respite Care Services" – Relief care for families or other caregivers of disabled adults, eligibility for which shall be determined by the department by rule. The services provide temporary care or supervision of disabled adults in substitution for the caregiver.

14. "Respite Care Worker" – An individual providing services usually provided by the caregiver for the eligible participant.

15. "Service Provider" – An agency or organization under contract to the Area Agency on Aging (AAA) or its subcontractor.

16. "Sliding Fee Schedule" – Developed by the department using the State Median income, adjusted for family size, and used to determine share of the cost of respite care services. The amount of the cost of respite care services shared by the eligible participant is a percentage of the total cost of the service as determined by the schedule, graduated to full recovery of the cost of the service provided.

17. "State Median Income" – That income amount established by the Department of Health and Human Services and adjusted to a calendar year basis where one-half of the state's population for a family of four has income above that amount and one-half of the state's population for a family of four has income below that amount.

18. "Traumatic Brain Injury (TBI)" means an insult to the brain, not of a congenital nature or related to degenerative or aging processes. It may result from direct or indirect trauma, infection, anoxia, or vascular lesions. It may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment.

AVAILABLE FUNDING

This program is funded with state general funds. AAAs may use Older Americans Act Title III-B and D and Senior Citizens Service Act funds to provide respite care services to eligible participants who meet the eligibility requirements under these acts.

PROCEDURES

Written procedures shall be in place for:

1. Determining, with the caregiver and participant, the level and amount of respite care to be provided and when it will be provided;

2. Arranging for care with the service provider and informing the service provider of the participant's needs;

3. Authorizing additional service as needed;

4. Maintaining contact with caregivers to determine further needs;

5. Scheduling planned respite care;

6. Providing a substitute respite care worker if the scheduled worker has to cancel;

7. Providing respite care when a caregiver has an emergency; and

8. Recruitment of respite care workers.

REFERRAL

Clients are referred to the respite care program for eligibility pre-screening. Access to the program may be through a case manager(s) at the Area Agency on Aging (AAA) or Information and Assistance (I&A) office. Referrals are accepted by phone or in writing from the community at large and Home and Community Services, Developmentally Disabled Division, I&A and case management staff.

PRE-SCREENING

Screen the caregiver for eligibility using either the Respite Care Pre-Screening form, DSHS 14-237, or a form which gathers the same information. The screening may be done in person or over the phone by either a case manager or an I&A telephone screener. One copy of the pre-screening form should be placed in the client file, and one copy should be retained by the pre-screening entity.

ELIGIBILITY REQUIREMENTS FOR CAREGIVERS

To be eligible to receive respite care, a caregiver shall:

1. Have a primary responsibility and provide continuous care and/or supervision of a functionally disabled adult,

AND

2. Not receive financial compensation for the care,

AND

3. Be at risk of placing the disabled adult in a long-term care facility if assistance by home and community support services, including respite care, is not available.

ELIGIBILITY REQUIREMENTS FOR PARTICIPANTS

To be eligible to receive respite care, a participant shall:

1. Need continuous care or supervision by reason of his or her functional disability,

AND

2. Be assessed as requiring placement in a long term care facility in the absence of a caregiver assisted by home and community support services, including respite care.

ASSESSMENT

Once the caregiver and participant are determined to be eligible through pre-screening, a respite case manager must make a home visit to complete the following tasks:

1. Respite Caregiver Assessment, DSHS 14-340.

2. Comprehensive Assessment on the participant.

3. Determine the level of care needed.

4. Determine the priority level of the need for service as defined by the AAA service priority category system.

5. Determine the needs and preferences of the participant and caregiver and identify appropriate options of care, including in-home care, out-of-home care, hourly or 24-hour respite care, planned or emergency care.

6. Develop a service plan.

At a minimum, a copy of the completed service plan and either an emergency information form or the first page of the participant's Comprehensive Assessment shall remain with the caregiver or be sent to the caregiver in a timely manner and be available to the service provider during the respite care episode. In addition, a copy of the service plan and participant's assessment shall be sent to the in-home and residential respite care service provider.

RESPITE REASSESSMENT

The case manager or trained staff under the supervision of a case manager will need to contact, by phone or in person, the caregiver/participant one year after the initial assessment or respite care episode took place to determine whether the individuals want to continue with the program or if they are to be terminated. At a minimum, the date of contact, level of care and financial participation of participant needs to be documented. Subsequent reassessments will take place at least annually until respite care is terminated.

All authorizations for service shall be made through the case manager. Case managers shall encourage caregivers to schedule episodes of respite care in advance. If respite care episodes cannot be provided when requested, a waiting list shall be used.

1. Requests for respite care which are of an emergent nature shall have first priority. A request for respite care shall be considered an emergency if the caregiver becomes ill or injured to the extent that the caregiver's ability to care for the disabled adult is impaired.

2. In non-emergency situations, respite care shall be available on a first-come, first-served basis PROVIDED that sufficient resources are available to fill the requests each month. If respite care cannot be provided, a waiting list shall be used. If a cancellation occurs, respite care shall be made available to those on the waiting list according to the service priority categories.

SERVICE PRIORITY CATEGORIES

Each AAA shall develop a methodology for allocating respite services which supports the goals of the respite program. The following factors shall be considered in decisions about authorizing service delivery:

1) The caregiver and disabled person are eligible for Respite Care.

2) Continued caregiving is at risk of being discontinued because of one or more of the following factors:

   - caregiver vulnerability, including health condition;

   - effort required to provide care is too high for the caregiver to continue, including either the duration of care required or the difficulty of the care for the caregiver;

   - other family members need care; and/or

   - continuous care and supervision results in high burden on caregiver.

3) Adequate family and community supports, or other services, or means to finance or pay for services, are unavailable to the caregiver and disabled person.

4) The caregiving situation is not viable for continuation with respite services, due to capability of the caregiver, willingness of the caregiver, environmental factors or other reasons.

PROGRAM SERVICES AND LEVELS OF CARE

A. The program shall provide for the following types of respite services;

1. In-home and out-of-home respite care;

2. Hourly and 24-hour respite care;

3. Planned and emergency respite care; and

4. Services appropriate to persons with dementing illnesses, or neurological disorders, including TBI.

B. The level of care refers to the activities that will be performed for a participant during a given respite care episode. The case manager shall determine, during the in-home assessment, the level of care needed. The program shall provide for:

Level 1: Help with activities which require no special training; e.g., companionship, supervision, meal preparation.

Level 2: Help with activities of daily living for which special training is required, but a licensed health practitioner is not required. It includes personal care, lifting, turning, and transferring.

Level 3: Tasks which must be performed by a licensed health practitioner (LPN or RN).

FINANCIAL PARTICIPATION FOR RESPITE SERVICES

The department requires eligible participants to pay part of the cost of the respite care services received. A case manager shall administer a sliding fee schedule (the same as the SCSA fee schedule), which shall be updated annually, to determine the participants' share of the cost of respite care services.

A. A case manager shall determine the participant's income as follows:

A.1. If the caregiver and eligible participant are married, all the monthly income received in either or both names shall be combined and one-half of the total shall be considered the participant's income. Refer to Column One.

A.2. If the caregiver and eligible participant are married and there are dependent children in the home, all the monthly income received in either or both parents' names shall be combined and one-half of the total shall be considered the participant's income. Refer to the column representing the number of persons in the household less one (family of 4, use column 3) on the SCSA fee schedule.

Example: Husband is the participant, wife is the caregiver, and they have two children under 18. The husband's and wife's combined income is $2,073. One-half the total is $1036.50. The monthly income for column 3 (total of persons in the household less one because the husband and wife are

counted as one) on the fee schedule is $1,430, so the participant does not have to pay participation.

A.4a. In a case where both husband and wife are respite participants and the caregiver is a friend or relative, all monthly income received in either or both names of the married couple shall be combined and then divided in half. Refer to Column One on the sliding fee schedule to determine what percentage of cost each spouse would pay.

A.3. If the caregiver is a friend or relative other than a spouse, only the monthly income received by the eligible participant (in his or her name if single or one-half of the participant's couple's income if married) shall be considered the participant's income. Refer to Column One.

A.b. In a case where there are two participants and one caregiver who is a relative or friend, the agency should assess 100 percent of each participant's income. Refer to the fee schedule, Column One for the appropriate percentage of cost each participant will pay.

The cost of the respite service will be pro-rated among the two participants. They will share in paying for a percentage of the service.

Under no circumstances are the combined participants' contributions to exceed the cost of the respite service.

A.5. In the event there are three participants and the caregiver is married to one of these participants, the agency should assess 100 percent of each participant's income (for the married participant, his or her 100 percent income would be one-half of married couple's income). Refer to Column One of the fee schedule for each participant's income and proportion out the cost of the respite service by the three participants. Under no circumstances are the combined participants' contributions to exceed the cost of the respite service.

A.6. In a case where the participant is the head of household and the caregiver is a relative or friend, only the monthly income received by the participant would be considered for financial participation. Refer to the fee schedule for the number of persons (participant and dependents) in the household.

B. In determining the amount the participant shall pay, the following shall apply:

B.1. There shall be no charge to the participant if his or her income is at or below 40 percent of the State Median Income.

B.2. If the participant's income is between 40 and 99 percent of the State Median income, he or she will be charged a percentage of the cost of respite care. This amount shall be calculated using the sliding fee schedule.

B.3. If the participant's income is 100 percent or more of the State Median Income, he or she will pay the full cost of the service.

B.4. The cost of respite care shall be determined by the number of hours or days of respite care service authorized and used, and the rate of the service, as negotiated between the Respite Care program and service provider.

B.5. The caregiver shall not be means tested nor be required to pay for the care received.

PAYMENT PROVISIONS

A. The Respite Care program shall ensure:

1. That a record of all units of service used by a caregiver, as reported by the service providers, is maintained;

2. That funds received from participants shall be reported to the AAA by the agencies collecting them. AAAs shall report funds collected from participants to the department as part of monthly invoicing. These funds shall only be used within the Respite Care program.

B. Payment shall not be made for on-going case management, but only for the following case management tasks;

1. Screening caregiver and participant;

2. Completing the assessment and the plan of care;

3. Authorizing the level and amount of respite care to be provided;

4. Arranging for care with the respite service program;

5. Maintaining contact with and reassessing participants and caregivers at least annually to determine continuing need for respite care services unless change in participant's or caregiver's condition requires more frequent assessments; and

6. Authorizing additional service if needed.

C. The service provider shall not be paid for more service hours than authorized by the case manager.

D. Funds from participants and caregivers not meeting all of the eligibility criteria shall be accounted for at the service provider level and need not be reported to the department.

E. A Subcontractor Information Sheet shall be completed for each service provider.

RATES

A. The AAAs may negotiate rates for in-home respite services, keeping in mind the statement in the Respite Care Legislation (RCW 74.41.050), "Rates of payment to

respite care service providers shall not exceed, and may be less than, rates paid by the department to providers for the same level of service." The department shall notify AAAs of rates paid by the department to providers for the same level of service. Each program shall negotiate for an hourly and daily rate with service providers whenever possible.

1. If a service provider has only an hourly rate, this rate shall be paid for each hour of respite care used, including 24 consecutive hours of respite care.

2. If a service provider has only a daily rate, the rate shall be paid for 24 consecutive hours or less of respite care used.

3. If a service provider has an hourly and a daily rate, the hourly rate shall be paid for each hour of respite care when less than 24 hours of service is provided. The total amount paid at the hourly rate shall not exceed the service provider's daily rate for that level of care.

   The daily rate shall be paid for 24 consecutive hours of respite care. The daily rate shall also be used for less than 24 consecutive hours of respite IF by using the daily rate the cost of the episode of respite care is less than using the hourly rate for the same amount of hours.

4. The Respite Care program can contract with home care or home health agencies who employ Nursing Assistant Certified (NAC) at a negotiated NAC rate to perform Level Two when the NAC is performing specialized skilled tasks (tasks which are not addressed in the Fundamentals of Caregiving Training) which are supervised or delegated by a nurse. If a NAC performs nurse supervised or delegated tasks and personal care tasks during the same episode, the service provider would be reimbursed at the higher rate.

   When a NAC is performing only personal care tasks for a Level Two individual, the rate cannot exceed the Personal Care rate.

5. In-home respite care workers shall be paid at least minimum wage in accordance with labor standards and applicable legislation.

6. The respite care worker providing in-home care to two participants may be reimbursed 1-1/2 times the unit rate for a single participant.

   When there are three respite care participants, the in-home worker may be reimbursed double the unit rate for a single participant.

   To determine the unit rate for multiple participants, utilize the highest level of care determination and corresponding unit rate of the participants.

7. When a respite episode warrants an exceptional rate for an out-of-home provider, e.g., only one facility available in the area or the available facility is unwilling to provide respite at the state designated rate and is more cost effective than some other type facility, then the AAA may negotiate an exceptional rate and document the rate with the subcontractor's contract and

on the Subcontractor Information Sheet (either AASA's form or AAA developed form).

8. The department shall pay Medicaid certified nursing homes and Developmental Disabilities facilities providing respite care services the Medicaid rate approved for that facility. It shall be unlawful for any nursing home which has a Medicaid contract with the department to charge any amounts in excess of the Medicaid rate from the date of eligibility for services covered, except for any supplementation permitted by the department pursuant to RCW 18.51.070. The participant shall pay for services not included in the Medicaid rate.

REPORTING/MONITORING PROCEDURES

1. Respite data will be reported on the NAPIS quarterly report. Instructions on reporting are found in the Manual: Policies and Procedures for Area Agency on Aging Operations.

2. The AAA must gather information on respite services for minority clients and have it available upon request.

3. RCW 74.41.070 requires that data be maintained which indicates the demand for respite care and which includes information on in-home and out-of-home day care and in-home and out-of-home overnight care demand.

4. The expenditures relating to respite services, AAA (respite) administration, respite coordination, and respite assessment shall be reported separately on the monthly invoice voucher sent to Aging and Adult Services Administration.

STAFFING STANDARDS

A. Service Delivery

1. There shall be written procedures for recruiting, screening, training, supervising, and monitoring in-home and out-of-home respite care workers.

2. The AAA will ensure that the Fundamentals of Caregiving Training (22 hours) or the Modified Fundamentals of Caregiving Training(10 hours) is available to all in-home providers who are providing Level Two Respite Care. It is the responsibility of the provider to screen for training needs and qualification of the Level Two workers.

B. Supervision

Supervision shall be provided to all employees providing respite care services. Supervisors shall have sufficient experience in the provision of services to the elderly and/or disabled and demonstrated ability to supervise staff and provide consultation in areas relative to duties performed by respite care workers. There shall be regular, planned contacts between the responsible supervisor(s) and respite care workers. The date(s) and content of supervisory contacts shall be documented.

ADMINISTRATIVE STANDARDS

A. Insurance

During the period of performance of the contract, sufficient insurance coverage shall be maintained to protect the AM and the department from any negligent or otherwise improper act(s) or the consequences of such act(s) of the service provider, its officers, employees, agents, assigns or representatives.

B. Grievance Procedures and Hearings

Written grievance procedures shall be established for resolving complaints from caregivers and participants regarding service. Each caregiver and/or participant shall be informed of the grievance procedures at the time of the in-home assessment.

All complaints shall be recorded and maintained in writing regarding services provided and the actions taken to resolve the complaints. The service provider shall respond to all complaints. If a caregiver or participant is dissatisfied with a response to a complaint by the service provider, he/she may request an investigation of findings by the AAA and, if necessary, by the department. The caregiver and participant shall be informed of this right at the time of the in-home assessment.

Chapter 388-08 WAC, Practice and Procedure - Fair Hearing, shall govern the department's authority with regard to a request for an Administrative Hearing.

C. Review of Records

Access shall be available at all reasonable times to the department and AM to monitor, audit and/or evaluate the provision of service by the service provider in recognition of the responsibility of the department for the effective and efficient operation of this program.

D. Respite Care Program

1. Referral sources must be identified and developed to ensure respite care is available to caregivers providing care to functionally disabled adults. Special outreach efforts shall be made to serve caregivers who provide care to adults, aged 18-59, and those with neurological disorders, such as multiple sclerosis and the head-injured.

2. Respite care services shall be contracted with licensed/certified boarding homes, adult family homes, nursing homes, hospitals, adult day health centers, home health/home care agencies and assisted living facilities.

3. Contracts can be arranged with other social service providers (e.g., social - day care, senior companion, volunteer chore, individual providers).

4. Nursing homes participating in the respite care program are required to comply with the WAC 388-97-210.

5. Provider agencies shall be monitored for compliance with the respite care program standards.

REFERRAL TO INFORMATION AND ASSISTANCE/CASE MANAGEMENT (I&A/CM}

Subject to their consent, all appropriate participants and caregivers shall be referred to I&A, a case manager, or a Home and Community Services social worker for a Comprehensive Assessment (CA) to determine eligibility for other department services